Effective October 1, 2001

**Application or Docket Number** 

09

982,530

									71	704	4122	<u> </u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE		NTITY	OR	OTHE	R THAN ENTITY
TOTAL CLAIMS			18				RAT	E	FEE,	7	RATE	FEE
FOR			NUMBER FILED.		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			§ minus 20=		• 0		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		· D		X42	X42=		OR	X84=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				-140			1		
* If the difference in column 1 is less than zero, enter "0" in column 2							+140=			OR	+280=	
CLAIMS AS AMENDED - PART II								AL'		OR	TOTAL	74000
7-23-65 (Column 1) (Column 2)						(Column 3)	SMA	LL I	ENTITY	OR	OTHER SMALL	
-		CLAIMS		HIGH	EST				ADDI-	1 1	<u> </u>	
<b>AMENDMENT A</b>		REMAINING AFTER? AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	** -	2٥		X\$ 9	)=		OR	X\$18=	
	Independent	* 3	Minus	***	3	-	X42	=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140	=.		OR	+280=	
٠.			•	•			TO:	TAL			TOTAL	
		ADDIT, F		<u>.                                    </u>	OR	ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS		HIGH	EST		1	_	ADDI-	1		4001
		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RATI	Ε	TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	44		=	X\$ 9	_		, OR	X\$18=	FEE
	Independent	*	Minus	***		=	X42:				X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	7.07-	
								- ]		OR	+280=	
								AL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT. F		.5		ADDII. FEE	
ပ		CLAIMS REMAINING		HIGH				T	ADDI:			4001
AMENDMENT C		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RATE	:	TIONAL FEE	H	BATE	(ADDI-
	Total	*	Minus	**		=	X\$ 9:		. , ,	OR	X\$18=	FEE_
	Independent		Minus	***		=-	X42=	┥		ì		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	X84=	
							+140:			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										L		
***	the "Highest Nu	mber Previously Pa mber Previously Pa	id For" IN THI	S SPACE is	less that	30 enter "20 t	ADDIT. FI			OR ,	TOTAL ODIT, FEE	
•	The *Highest Nurr	nber Previously Paid	For" (Total o	r Independe	nt) is the	highest numbe			ropriate box			